FORM PTO-1083



2014-181 (81841.01

MITED STATES PATENT AND TRADEMARK OFFICE

In re application of: Robert S. Matson

Serial No: 09/675,020 Filed: September 28, 2000

DEVICE AND APPARATUS FOR PROCESSING

BIOMOLECULE ARRAYS

Mail Stop AF Commissioner for Patents P. O. Box 1450 Alexandria, VA 22313-1450

Dear Sir:

Transmitted herewith is an amendment in the above-identified application.

 \boxtimes No additional fee is required.

The fee has been calculated as shown below:

Art Unit:

Examiner:

Davis, Deborah A

I hereby certify that this correspondence is being deposited with the United States Posta Service with sufficient postage as first class mail in an envelope addressed to:

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Commissioner for Patents

P. O. Box 1450,

Alexandria, VA 22313-1450 on

August 19, 2003 Date of Deposit

Wei-Ning Yang, Reg. No. 38,690

Name

Signature

agust 19, 2003 Date

	(Col. 1) CLAIMS REMAINING AFTER AMENDMENT		(Col. 2) HIGHEST NUMBER PREVIOUSLY PAID FOR		(Col. 3) PRESENT EXTRA*	LG/SM \$ ENTITY FEE		ADD'L FEE DUE	
TOTAL CLAIMS FEE	27	-	30	••	0	l.G=\$18 SM=\$9	\$[FEE]	\$	0
INDEPENDENT CLAIMS FEE	2		3	***	0	l::G=\$84 SM=\$42	\$[FEE]	\$	0 .
FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIMS LARGE ENTITY FEE = \$280 SMALL ENTITY FEE = \$140							\$ (FEE)		
							TOTAL	\$	0

If the entry in Col. 1 is less than the entry in Col. 2, write "0" in Col. 3.

If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, write "20" in this space.

	A check in the amount of \$0 to cover the additional claims fee is enclosed. A copy of this sheet is enclosed.
	A check in the amount of \$0 to cover the extension fee is enclosed. A copy of this she t is enclosed.
\boxtimes	The Commissioner is hereby authorized to charge any deficiencies of fees associated with this communication or credit any overpayment to Deposit Account No. 50-1314. A copy of this she t is enclosed.
	Any filing fees under 37 C.F.R. § 1.16 for the presentation of extra claims

 \boxtimes Any patent application processing fees under 37 C.F.R. § 1.17

> Respectfully submitted, **HOGAN & HARTSON L.L.P.**

Date: August 19, 2003

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Attorney for Applicant(s)

If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, write "3" in this space. The "Highest Number Previously Paid For" (Total or Independent) is the highest number found from the equivalent box on Col. 1 of a prior amendment or the number of claims originally filed.